Physiotherapie Pfitzner
Bianca Pfitzner
Birkenstraße 71
40233 Düsseldorf

Registration for treatment

Last name: .....
First name: .....
Birth of date: .....
Street, house no.: .....
Postal code City: .....

Private phone number: .....
Mobile phone: .....
E-mail: .....
Health insurance: .....
Attending physician: .....

Insurance status:

☐ Legally insured
☐ Exempt from co-payments
☐ Privately insured
☐ Subsidized insurance
☐ Private service
☐ Professional association

Payment and appointment cancellations

If I am unable to attend an appointment, I must cancel at least 24 hours in advance on working days, either in person or by telephone.
If I do not cancel an appointment in good time as described above, I agree that I will be invoiced privately for the respective gross amount in accordance with § 615 BGB (German Civil Code).
My health insurance does not cover these costs. Statutory co-payments in accordance with § 61 SGB V must be paid in full by the second treatment appointment at the latest. If my health insurance does not reimburse costs for reasons beyond the control of the practice, I will bear these costs myself. The agreed fee may be either below or above the amount reimbursed by private health insurance companies or subsidy agencies.
By signing this document, I acknowledge the above treatment and billing conditions, the treatment prices as listed on the price list, and the fee stated on the right.

X .....

Signature of the patient or legal representative

Treatment fee

Additional payment amount for statutory insurance: .....€
Statutory insurance fee per treatment: .....€

Only for private patients / self-payers:

Services	Fee
.....	..... €
.....	..... €
.....	..... €
.....	..... €

Release from confidentiality

I release the practice from its duty of confidentiality towards:

.....

X.....

Signature as above

Liability

The practice's liability for property damage and financial loss is excluded in cases of negligence. This does not affect any further liability—including in relation to employees—for intentional acts and gross negligence.

X.....

Signature as above

Information and consent

The practice staff also informed me in particular about the nature, scope, implementation, expected consequences, and risks of the procedure, as well as its necessity, urgency, suitability, and prospects of success with regard to the diagnosis and therapy. **In particular, I was made aware of the following:**

Data protection

I have taken note of the patient information on data protection printed overleaf.

X .....

Signature as above

I expressly consent to the treatment measures to be carried out.

X .....

Date / Signature as above

Information on data protection – Physiotherapy Pfitzner

Dear patient, dear customer, the protection of your data is very important to us. Under data protection law, we are obliged to inform you about the purposes for which we use your data in our practice.

1. Data controller

Physiotherapie Pfitzner
Bianca Pfitzner
Birkenstraße 71
40233 Düsseldorf

2. Purposes of processing

We collect and process your data exclusively for the purpose of providing medical treatment, in particular in the form of dispensing remedies (e.g., physical therapy). We also process your data in connection with prevention and health promotion as well as wellness services, if you participate in these.

Our practice is integrated into the statutory health insurance system as an approved service provider for therapeutic treatments (health insurance approval). Under the framework agreements, we are obliged to provide the following information to the statutory health insurance companies for the billing of services: billing data, original documents (prescription sheets, including the complete details in the billing section, in each case in the original), and, if applicable, original confirmation of benefits from the health insurance companies.

Due to legal requirements, we are obliged to store this data for at least 10 years after the service has been provided
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3. Recipients of your data

We treat all patient and customer data with the utmost confidentiality and discretion. Your data will be disclosed to your treating physicians and your health insurance company (if you have statutory insurance) and, in the case of those with statutory insurance, to the billing center NOVENTI HealthCare GmbH, azh division, Einsteinring 41-43, 85609 Aschheim near Munich. Data will only be passed on to persons or bodies other than those mentioned above if we are obliged to do so by law or by framework agreements with statutory health insurance companies, or if you have expressly consented to the transfer of data.

We are legally obliged to pass on data to doctors and statutory health insurance companies in the case of medical treatment. The data is passed on to the billing center in our own interest. There are a large number of statutory health insurance companies and our patients are insured with different cost bearers. Using the billing center allows us to greatly simplify the billing process, leaving more time for you and your therapy. If you do not agree to us passing on your data to the billing center for the purpose of billing your therapy, you can object to the transfer of data.

4. Legal basis for data processing

The legal basis for data processing in our practice is, in particular, the treatment contract between you and us (Art. 6 (1) b GDPR, in conjunction with Art. 9 (2) h, (3) GDPR and § 22 (2) No. 1 a and b BDSG) as well as processing for the fulfillment of our own interests (Art. 6 (1) f GDPR).

5. Information

Under the Data Protection Act, you have the right to information, data portability, and restriction of processing. You also have the right to complain to the competent supervisory authority in the event of a violation of your rights. Their contact details are:

State Commissioner for Data Protection North Rhine-Westphalia, Kavalleriestraße 2-4, 40213 Düsseldorf